

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.) FILING DATE
APPLICANT(S)

	CLAIMS									
	AS FILED		AFTER 6 1st AMENDMENT		AFTER 6 2nd AMENDMENT		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51			
2	/		/		/		52			
3	/		/		/		53			
4	/		/			-	54			
5	2		2		1		55			
6	/		/			-	56			
7	/		/		1		57			
8	/					-	58			
9	/		1		1		59			
10	2		2		2		60			
11	2		2		2		61			
12	2		2		2		62			
13	2		2		2		63			
14	2		2		2		64			
15	2		2		2		65			
16	2		2		2		66			
17						-	67			
18						-	68			
19						-	69			
20						-	70			
21					1	-	71			
22						-	72			
23					1	-	73			
24						-	74			
25			1		1		75			
26			1		1		76			
27							77			
28							78			
29							79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	3		4		4					
TOTAL DEP.	25	25	25	20						
TOTAL CLAIMS	35		29	24						